The
Children's Hospital
of Buffalo

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weaker systems making it harder to fight of possible infections. Working with children in a hospital setting exposes the Foster Grandparents to all types of possible infections. It is inevitable they will get sick and need time off. I do not feel it is fair to cause the Grandparents additional worries as far as losing their needed daily pay to live on because they are ill.

Working with OMRDD and more specifically the West Seneca Development Center, created a partnership genuinely interested in obtaining and offering the senior citizens the best working conditions possible. The program ran smoothly. If there were ever any problems, the West Seneca staff was there to help us through. West Seneca had a sincere interest and caring for the senior citizens and children served. I feel a great loss to the Foster Grandparent Program with having it taken away from West Seneca and OMRDD.

I am very apprehensive about being under the sponsorship of HANCI. Some of their dealings with us (as described in this letter), have been what I consider unprofessional and I feel a lack of personal interest in our Foster Grandparent Programs in Erie County.

Thank you for the opportunity to voice my feelings and concerns. I know you will do whatever you can to provide our Foster Grandparents with the kind of program they deserve.

Sincerely,

Erica Hengerer

Erica Hengerer
Child Life Specialist

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SENIOR COMPANIONS:
The Unrecognized Resource
For Long Term Care

Healthy and active senior citizens can be trained to use their natural skills as caregivers in ways that are age-appropriate, culturally relevant, innovative in specific situations, and cost effective; thus providing the key link in the continuum of care for the frail elderly. This human resource--older people themselves--has been overlooked by the long term care industry which has operated in accordance with a service economy concept implying that highly trained professionals must identify needs, design programs, and manage them for the benefit of the frail old. This concept leaves little room for the elderly other than as clients. This is a serious mistake.

Maggie Kuhn, convener of the Gray Panthers, offered this testimony before the U.S. House of Representatives Select Committee on Aging Hearing on April 4, 1977:

> "Well-meaning staffs, who frequently act like bureaucrats, plan and administer programs for us, patterning their administration on the American management model. Old people are seen as clients for particular specialized services, not as a whole person with insights and wisdom to share. We find the process demeaning and calculated to make us wrinkled babies rather than mature, reasonable adults."

The Elderly as a Resource

The long term care industry could respond to this perception by allowing older people to participate in the structure of the newly emerging home health care field. We cannot merely transfer the attitudes, practices and hierarchies developed in the institutional-professional model epitomized by the skilled nursing facility; we must re-conceptualize ways to provide appropriate and affordable long term care which emphasize staying at home. We need to learn to use the abilities and experience of older people in conjunction with the skills and education of long term care professionals who have up to now been the sole source of care for the elderly.

The Subcommittee on Human Resources of the Select Committee on Aging after two years of research in their May, 1980 report, "Future Directions for Aging Policy: A Human Service Model" said,

> "Senior Americans now constitute the single most neglected human resource we have. Those who are functionally independent could swell the ranks of service providers at all levels of the care continuum--if they were reempowered...after all, who better knows the needs of elders (75+) than those who are senior adults (60-75).

It is time to translate this rhetoric which has become very popular conversationally into action in the long term care industry. We must reemploy older people and redirect their talents toward solving problems created by demographic trends, fiscal restraints, and over-professionalization.

The clear demographic trend is towards a population with more older people including a large number of healthy people over 60 who, because of good nutrition and advances in medical care, have the ability and the desire to continue to work. They usually prefer less hours than the traditional full time job, but nevertheless they remain able and eager to re-join the work force.

As the aged population increases, the segment with functional impairments--those in need of the services of the long term care industry--also increases. In projecting the numbers of those with substantial functional disability, we can assume that up to 12 million frail old folks will need some services in this decade. A March 8, 1983 Wall Street Journal article said,

> "A recent federal study found that if present trends continue, the $23 billion a year that it costs to support nursing homes today would more than triple to $76 billion by 1990."

We cannot affort to continue this approach and other ways must be developed.

Several investigations have found that older people when provided for in every detail, tend to become passive and withdraw from reality much as they would if left entirely alone. We must recognize, particularly with frail older

people, that we are not doing them a favor if we decide what's best for them. They are much better off if the choices are left up to them. Older people take greater comfort in being at home, among their familiar surroundings without medical and social service help even though they have physical discomforts and loneliness. We must explore the possibility of letting frail older people remain at home, receive medical care, and still make their own choices about living. We must allow older people to continue to take risks--denying them this human, ego-enhancing experience does not provide the security we intend. When an individual chooses security over accomplishment, then the security has some value. When the professional chooses security for a frail elderly client rather than giving him the choice, the security gained is likely to be neither sought nor appreciated. This was said well by Laurence Lane in an article, "Long Term Care: The Challenge from the 1981 White House Conference on Aging" from the Summer, 1982 issue of the Pride Institute Journal:

> "The worst conceptual error is to ignore the fact that safety and life preservation are sometimes at odds with independence, personal choice, and human dignity."

The Goal is Autonomy

What we are seeking then, is a compromise which allows older people to maintain their autonomy and stay at home; but which also allows them easy access to the myriad benefits of medical care and social services at a reasonable price. As the cost of nursing home care skyrockets and the nature of the care provided is questioned, long term health care professionals are looking at in-home care as a necessary element in long term care. We can predict that in-home care will continue to grow providing for a large proportion of all long term care clients. This trend also reflects the choice of most frail older people, who would much rather stay at home. But we must not merely shift our traditional health care mechanisms from institutions to the home.

It makes sense in every way, economically as well as in human terms, to use the energies, experience and age-empathetic skills of the healthy elderly to provide in-home care, friendship, and a link with services to the frail elderly.

Senior Companions are Key Link

One format has been in place long enough to be evaluated and has proven beyond a doubt that older people can provide the key link between frail old people living at home and the professional service provision industries: the Senior Companion Program. Created by the Federal Domestic Services Act of 1973, Senior Companions provide a stipended volunteer peer support system that is very efficient.

Documentation of the cost effectiveness and other benefits of Senior Companion Programs in California was recently presented to the California Department of Aging and the California legislature as the research component of a state demonstration project by ARMAC Management Systems, Inc., in November, 1981 entitled, "An Evaluation of the Senior Companion Programs in California". The summary said in part,

> "We found that the frail elderly are provided with an indespensable support system and companionship that is conducive to their health and overall well-being. The frail elderly reported that their Senior Companions have helped them to reduce their feelings of isolation, and contributed to their retaining independence within the community."

Senior Companions are older volunteers trained to provide personal support services and friendship to the most frail elderly, adding to the quality of their lives and allowing them to remain as independent as possible. These Companions are given the task of figuring out what their friends need. They can do so because they are usually of the same ethnic, socio-economic class, and age groups. Trained in the use of community resources, they coordinate a wide variety of support services with minimum bureaucracy and maximum individualization of services. Do we really need a nurse, a doctor, or a social

worker to tell us that the refrigerator is empty, that the roof needs repair, or that a letter needs to be written? Companions make these assessments and take care of the problems in a non-medical, non-professional manner--as friends.

Senior Companions are paid a non-taxed stipend for their work. They have the opportunity to function as knowledgeable, responsible, and healthy members of the community. They gain self esteem while learning the skills to remain independent and productive well into their own later years. What emerges is a network of friends and many clients, while frail themselves, find ways to help each other. The Subcommittee on Human Resources of the House Select Committee on Aging said in their May, 1980 Report,

> "We do not accept the presumption that because professionals have gathered whole areas of expertise to themselves, they are the only ones capable of dealing with people effectively, especially in the human service area...We believe that many more services would be available in the community and to the community if this myth were disabused."
>
> "Professional service-giving, while appropriate in some settings, is not the only answer to social welfare problems...professional service-giving may foster dependency...peer helpers and replacements for missing parts of the natural support network are increasingly seen as more effective and less costly in a variety of situations."

These conclusions suggest that we need to work with senior citizens to create a long term care system that not only recognizes the resourcefulness of the elderly, but also emphasizes and promotes it. Many of our expectations of the elderly are somewhat self-fulfilling: if we expect deterioration rather than capacity, that's what we get. The long term care industry should re-orient itself to accepting and enhancing the capacities of the well old as stipended volunteers and also the frail old in need of help. The most frail can often be rallied to help someone they perceive as worse off than they are. This process raises their self esteem and capacity to do more for themselves. There are

limits to what frail elders can do, but Senior Companions have achieved remarkable success by working with--not just doing for the frail elderly in need of long term care. Companions are highly effective in giving frail elders a sense that they have someone to depend on while they remain at home. This helping hand extended by Companions encourages self esteem and participation by the frail older person in the process of improving his own condition. The Companion and frail client do things together as a team rather than as an expert telling the client what to do or just assuming that the task at hand must be done for the client.

Senior Companions maximize service and individual options because they allow the natural caregiver--a peer in age and life experience with possibly the same feelings of loneliness and isolation as the clients--to coordinate services rather than a professional on the staff of an institution. To demonstrate these benefits inherent in the Senior Companion approach for coordinating long term care services, the Elvirita Lewis Foundation developed a model Senior Companion Program in four demographically diverse California counties during the last six years. The model developed gives low income older people responsibility as Companions to keep an assigned group of frail elders independent as long as it is medically feasible to do so. Resources are made available to these Companion volunteers in the form of training by many experts--professionals such as physicians, psychologists, geriatric nurses, physical therapists, nutritionists, and social workers to name a few--who provide specific information and awareness of their own fields to the Companions. But reliance is placed on the natural life-skills of the Companion, his or her age-appropriateness, ethnic similarity, or empathetic abilities, and the assumption that the Companion will ask for assistance from the experts when a situation requires more complex or technical resources in a crisis intervention mode.

This approach is based on what has been called an "ownership model", articulated in a mental health setting in an experiment in 1956 in which state hospital aides were given the responsibility of working with the most severely impaired schizophrenics in the back wards of Topeka State Hospitals. Nick Colarelli and Saul Siegel wrote a book about their experiment, Ward H: An Adventure in Innovation in 1966 where aides were told to use their own intuitive responses and whatever innovative techniques they thought appropriate to get these patients out of the hospital. Psychiatrists, psychologists and nurses were available for consultation at any time; all possible resources were made available. The result of the four-year project was a high rate of discharge and a low rate of recidivism in a population that had been considered hopeless. Perhaps more interesting was the change in self-concept, productivity, and morale that developed in the aides. They were the effective agents for change; they were the ones with the know-how. The way these aides functioned, helping the impaired patients get out of institutions and on their own with some help is the prototype for what Senior Companions can accomplish. Colarelli and Siegel attributed the effectiveness of their project to the concept of ownership: if a person is given a specific, well-defined task and a limited number of people to work with, as well as the tools to perform the task, the likelihood of success is far greater. The person given the responsibility--in that case the aide, in our model the Companion--becomes personally involved and motivated to succeed and somehow this energy becomes available for innovative solutions specific to a particular patient/client.

There were many more aides than doctors or nurses in the Ohio State Hospital system. There are also clearly many more healthy elders interested in doing something useful rather than just entertaining themselves in lonely retirement than there are doctors, social workers and health care professionals.

Believing this basic premise, the Elvirita Lewis Foundation blended the use of the ownership model into the Senior Companion model.

We sought low income elders of many ethnic backgrounds, provided them with training in community, social and medical resources and aging support services, and finally assigned these trained Senior Companions to frail elders who needed help. The Program Director and other specialists were available at all times for consultation and support, but the task of keeping the clients at home and out of institutions was given to the Companions. We felt that older people would accept assistance more readily from their own peers, an idea substantiated by research in aging: "Age Preferences for Professional Helpers" by Ernest and Jerome Furchtgott published in the Journal of Gerontology in January, 1981; and "An Evaluation of the Senior Companion Programs in California" by ARMAC Management Systems, Inc. This research showed how networking of older people with other older people would develop a sense of community that would retard passivity and isolation and raise self esteem; that the frail elderly could tolerate substantial physical discomfort as long as they were living at home with someone to look in on them; and that reports of pain were often symptomatic of isolation rather than signs of intolerable physical discomfort. Finally, we felt that certain ethnic communities had traditions or practices as they aged that might be enhanced by having an older person of that ethnic group available to them. All of these assumptions have been substantiated by the ongoing efforts of our Companions.

Senior Companions have shown many capacities, regardless of little education or economic class constraints; and have become skilled at keeping their friends at home as well as writing about their experiences. Careful but informal records are kept of the activities and observations of our Senior Companions

which are useful in understanding how the program works. To maintain privacy for Companions and clients, fictitious names are used here; though the words are precisely their own, taken from excerpts of reports submitted to the Companion Director since 1977. Companion Grace writes:

"One night, very late, I received a phone call from a male nurse at one nursing home who after many apologies asked, 'Mary, what do you do with the three clients you visit here? They are the only sane patients in the ward.'"

"I thought about it and the only explanation I have is that I oriented my people when they were admitted. I removed thier fear, giving them insight into a dehumanized institution in an honest and realistic fashion. I instilled courage in them to remain secretly independent in a place where independence is destroyed the first day. I taught them to be aware of every minute, in a situation where night and day drift together and time changes with the change of staff. I taught them to evaluate their nurses; how to ask for help without irritating the overworked, underpaid and often uneducated employees who can punish if irritated. Above all, I gave my clients a very limited goal to work for and absolute hope and faith that one day they would be ready to go home."

"Although I have had limited experience in institutions of this kind, of the ones I am familiar with, the following is common: Fear grips the person who enters the convalescent hospital where all vestiges of privacy are removed, where nurses often talk to patients in an infantile or threatening manner, where complaints and angry pleas for answers that never come turn into crying, shouting and screaming and are then interpreted by staff to be signs of derangement and are literally diagnosed as such. They are given sedatives and within a few weeks I witnessed healthy angry souls become docile and whimpering beaten puppies."

Mary continues, discussing her clients who are at home:

"I found that I somehow returned to them an inner dignity and pride that they lost because of ill health, loneliness and poverty. I showed them several alternatives they could use in satisfying their simple needs. I helped them to see themselves as unique individuals in the eyes of men and God. I guided them in practical ways to ask for help. I taught them about services for senior citizens. I instilled in them faith and hope and the courage to dream for a better life."

"I believe that everyone I visited became a less helpless person, more aware of the real world in which he lives, and less afraid."

"In finishing, let me relate to you about a 95-year-old lady I was asked to befriend. I met her at the Senior Center at lunch time. The younger seniors around her would tap her on the shoulder and

> flatter her foolishly, remarking how wonderful it is that she is still alive at 95 years of age. She would nod imperceptibly, act resigned, and everyone assumed that she was almost deaf. As we started to converse, I was surprised that she heard so clearly. Her eyes opened wide; her face became animated and happy. I, of course talked to her on an ageless level. Within a month's time her whole demeanor changed. Her body straightened. She was smiling most of the time. She seemed to hear everyone and at the lunch table she entertained us with her fabulous experiences. Very slowly the whole attitude toward her of the other seniors changed. She was no longer the stereotype. She became one of the colleagues at the table. I feel very proud having this experience."

Often we are asked how we find those in need--the lonely and dispossessed elderly. Millie, who is 75 herself relates how she as a Companion provides outreach service:

> "I talk to them on the malls, at bus stops, at convalescent hospitals, and senior centers. So many folks are milling about, feeling in need of a friend and welcoming a friendly chat with someone who'll take the time to be friendly. I recall the old man with the sunburned head and face because someone had stolen the only hat he owned and he couldn't get another one until his pension check caught up with him..."

Millie borrowed a hat for him and in doing so, introduced him to another older man who lent the hat. Now they fish together almost every week. The fish they catch are distributed throughout the network by Millie and other Companions.

Another Companion, Sarah, writes about her clients:

> "Joy is in a nursing home with a broken hip. I took her for a ride around the Cliff Drive and passed her home. She couldn't thank me enough for the outing, hadn't been out of the hospital in a year. She said, 'I feel like I've been released from jail!' I feel good helping. We will work together to get the doctors to let her come home."

> "Martha, who lives alone in a small shack overlooking a strawberry field is 87. She seemed in a pretty good mood today. She said her granddaughter was trying to talk her into going to a rest home and she said, 'No way, as long as I can care for myself and I can with your help!' I told her I'd do all I can to help her."

> "Margaret is still in pain, but her doctor says she can go to her son's home for 48 hours. She doesn't want to go because she has nothing to take to her grandchildren. So I told her please go and I'll get gifts for the children. Will call her son and see what boys of 12 and 10 and a girl of 8 years could use!"

Companion, Wanda, who is 83, talks about a few of her clients:

"I took Mr. Fino bowling with Mr. Johnson. He had fun and a pretty good score. He does well for having to bowl out of a wheel chair, and left-handed as well. He was a naturally right-handed man."

"I visited Uncle Ted, 102 years old. I took some grapes and peanut brittle which he loves. Some music was playing and he wanted to waltz, so I danced with him."

"Took Mrs. O to the store again. She really needs someone to go with her--she cannot see the products, and cannot read the prices. I found she is more blind than I thought. She sure is a good one to fool you--PRIDE. She is one of the most remarkable persons I've ever met. I admire her so very much."

"Carlotta had hurt her back. She was home alone and fell. She said she had no one to come to see her in the hospital but me. I carried her some flowers that Lily [another client] grew by her trailer. She said, 'You will never know how much I thank you for giving me flowers while I can smell them, just to know you cared.' She cried. So did I."

As interest has increased in the Senior Companion capacity networking model of long term care in Washington, D.C., several questions were raised by legislative and administrative staff, particularly regarding the issue of proper case management techniques. Using the context of the Senior Companion model, we defined case management as essentially figuring out what a client needs and getting those services to him in a comprehensive package so the client is sustained, yet remains independent. All too often, without a Companion, older peoples' needs are handled on a piece-meal basis--some needs remaining unmet, others inappropriately addressed.

Given this definition, the most important elements of case management for elder clients are empathy and common sense. Common sense is clearly the strong point of the older volunteers who are Senior Companions. The following list outlines the procedure Senior Companions use in being a friend and coordinating services:

- The Senior Companion listens to and carefully observes his client. In this way, he learns of the client's verbalized needs and the equally important unspoken needs which may also be crying out for attention.

- The Companion gets the permission of the client to proceed with addressing his needs--this responding to a request rather than just doing for, raises client self-esteem and initiates client participation in their own "case". If the Companion can directly help the client, he does. If help is needed,
- the Companion then notifies the appropriate agency, professional, or institution of his client's need for a specific service or services.
- An evaluation is then made by that agency, professional, or institution to determine what specific responses should be taken. The Senior Companions know they are not doctors or social workers and don't attempt to be. They call doctors and social workers for help when needed.
- After the evaluation, the Companion follows up by asking the client if he received the service. The Companion also checks back with the agency, professional or institution to see that promised services were in fact provided.

In this situation, case management is being done by the Companion in conjunction with professionals. The common sense approach taken by these non-professional but strongly empathetic older people is particularly appropriate for Senior Companion clients--home-bound, frail, lonely older people. There are hundreds of instances where the friendly help of Senior Companions makes clients feel more secure in their homes and improves the quality of their clients' lives.

Senior Companion, Josephine, 68, writes:

" I called on Mr. Jones to see how he was. He said he had the flu. We checked his temperature--he didn't have one. I have a big-number thermometer so we could read it easily. He said no matter how he felt, he had to go out and feed his cows. But he said he was very glad I called on him. It made him feel much better to know someone cares if he lives besides his cows."

"I visited Lucy in the convalescent hospital. She wasn't feeling too good--complained of a headache. The nurse told me that it's a hunger headache because Lucy wouldn't eat. The next day I took her a home cooked meal. She ate it all. The nurse and Lucy both thanked me."

"The city of Santa Cruz has a free "Clean Up" program once a year. My client, with a broken back, was worrying how she could get all of her mess bagged up and out to the curb for pick-up. This is

how we worked it out: she just sat in her chair and pointed out the things she didn't want. I had asked around and found two neighbors who were willing to help. When we were through and counted, there were 22 bags--the 90 year-old neighbor counted them--how's that for senior power!"

The Senior Companions' approach of asking if older people want services has opened new vistas for the frail home-bound elders. A well-meaning expert often assumes that older people in need want the service because it is available and has been designed for them--this is not always so. Senior Companion Irene writes:

"I discovered that Mary, 90 years old, is not interested in the talking books for blind people she was provided. No one asked her. The recordings just started arriving. She did want a grab bar in her shower and someone to talk to and to have to dinner. I contacted the Senior Home Improvement Program and an elder carpenter installed one right away. I called the shut-in call service and now they call her every morning. I took the tapes back to the senior center and introduced Mary to two other ladies in her neighborhood."

Sometimes with some people it is very hard to remain considerate. In institutional situations, a recalcitrant patient is severely dealt with. They may be tied to their bed or wheelchair or sedated into oblivion. Companions try to help regardless of personal quirks or resentments by clients. Lulu writes:

"Zelda and I took our usual Monday morning trip to the supermarket. It is difficult to choose a subject to talk about with her--everything seems to irritate her. But I know she counts on me to listen to her tirades--perhaps it does her good to be able to complain to someone. I know she's very lonely...".

Often sharing living quarters or sharing common interests fulfills the frail elderly more than social service approaches. Senior Companion Emily writes about an older man and woman both in their 80's that she introduced:

"Now they live together and share meals and groceries. He is divorced. He plans to go back to the old country someday, but now he is happy to have someone like him who understands him and his customs."

She writes about some of her other clients:

"I took her to Twin Lakes Church where she put an ad on their bulletin board for a roommate. She loves children and like so many elderly, misses their exuberance and life. She said she wished she could get someone with a child to live with her."

"They met each other through the program and fell in love and decided to get married. I arranged to have the wedding at another client's mobil home. One client baked a beautiful cake and provided a red rose center piece, a lace table cloth, and silver. Other clients attehded the wedding. One was the best man. They all had a wonderful time. The best man later took the party to the races. He bet on his favorite horse. The horse won and they all got their pictures taken in the winners' circle."

In every case we have seen (the model program has helped over 1,500 frail older people), Senior Companions make whatever the situation is more bearable--sometimes through laughter and other times through empathetic tears. Companions become true friends of their clients. They make efforts to create networks, linking frail clients with one another, with social services, and with businesses in their community. The Companions become the day-to-day, week-to-week case managers with oversight from professionals.

One of the main elements of Senior Companion case management is balancing the needs of several clients with the Companion's time, and with other support systems. A Companion may spend two hours with a client on a particular day, without accomplishing all that was needed. Even though that client has no alloted time the following day, the Companion may still visit him to resolve additional needs. For instance, the Companion might visit the client to help him write letters and pay bills, and find that he also needs to have shopping done. Or the client may be particularly depressed on one occasion, and require more time than on another visit.

If the Companion is unable to resolve a problem, he calls on the supervisor. The supervisor reviews the situation and makes recommendations to the Companion or suggests that a particular professional be asked to review technical, medical or legal matters. Those situations which call for a professional opinion should definitely end up in the hands of a professional.

A strong point in favor of Companions providing case management is that they are in direct, daily contact with clients. On the front-line of problem solving, they are in the best position to determine, without invading the clients' privacy, whether the solutions in place are in fact resolving their problems.

On-going training is another element that makes this format for Companions work as well as it does. First of all, Companions are selected as volunteers on the basis of their common sense and life experience. Secondly, they are given 40 hours of comprehensive training before they begin their work. Third, their on-going training continues at bi-monthly meetings where professionals discuss specific problems with Companions or relate technical information relative to specific issues. Trainers have included psychologists, psychiatrists, social workers and other social service administrators and medical professionals. All of these professionals are networked to the program as on-going resources at no cost to the Companion program for donated consulting efforts. The Senior Companion network is effective because the team includes as resources the frail old, the well creative old, and long term health care professionals.

Benefits and Drawbacks

Senior Companions provide the following benefits:

- The frail elderly served--a population of increasing impairment--can be maintained in the comfort and dignity of their own homes;
- The Companions become community resources, functioning in new ways, solving community problems and remaining self-supporting. Many of these low income elders undergo transformations in confidence, competence, and appearance as they receive the respect and interest of new segments of the community;
- The community can provide services in the areas of the greatest need, and agencies can become responsive to ethnic groups and isolated people who are unaware of the benefits offered by the social service system. The truly needy are served--not just those who know how to "work the system". Asians, Hispanics and other ethnic groups can appropriately serve their own people;

- Institutionalization of frail elders may be deferred, shortened, or eliminated at a substantial savings of tax dollars;
- A positive cost/benefit ratio can result from the reduction of public funds spent on inappropriate social services for the elderly. Expensive professionals are used only for training and for emergency or highly defined services rather than for activities that a Companion can do as well or better.

The only significant drawback which has so far come to light has been an increased risk for some of the most frail. They do fall at home and a few have broken bones as the personal price to pay for being at home without constant supervision, but most older people prefer a broken bone to the alternative of the loss of freedom they'd have living in a skilled nursing facility. It should also be noted that falls and broken bones are not uncommon in nursing homes either.

The program has been faulted by some for not having more formal or clinical data kept on clients. Some professionals have expressed concern that old people with little formal education cannot keep up with real case management. They point out that Companions don't use appropriate jargon or misuse technical language. It seems when we look at the results, that these drawbacks are really part of the benefits of the innovative Senior Companion format. Do your friends or mine keep detailed data on us? Wouldn't we feel they had invaded our privacy if they did? Are big words more important than humane and dignified treatment?

Oear Laura, our first Senior Companion (recruited in 1977) is described by a friend in her eulogy:

> "She was a delightful little lady wearing pink nail polish, pink shoes and a pretty little dress. She was so loving and caring that she ended up recruiting 6 more Companions, kept more than 25 people out of nursing homes, and lived with several of her clients so that she could give them more care on her own time. She would sit next to withdrawn, unpopular old people at the senior center--those who no one else would be near--and she would draw them out, bring them a plate of food, be their friend. She'd bring other Companions and clients to visit her clients and was a genuine angel of mercy and human kindness. She was so sick with diabetes toward the end of her life that she would carry a little bottle of orange juice wherever she went to sip on if she felt sick or lightheaded.

She didn't want to stop working and fought to keep taking care of her beloved friends. Her body finally let her down, however, and she died at 72--all the while believing she would get better and help her dear clients to believe in themselves too."

There are many more like Laura in every town and neighborhood in the United States. If we can harness their energy, dedication, and perspicacity, we will have made a properly humane and cost-effective system of long term care.

Summary

Laura and the other elders in the program have demonstrated that Companions are one of the best coordinators of networking activities--linking frail older people together to help and sustain each other. A frail older person can read a story on the phone to a blind older person. Another frail older person can gather flowers or vegetables from his small garden plot to give a frail elderly friend in the network. Companions provide a good example to their frail friends by engaging in activities in support of one another in which the self esteem of all is improved. We have used professionals as key participants in this system, but as trainers and emergency care givers rather than as providers of all services. Trained Companions have demonstrated assessment skills in such areas as drug dependence; nutrition; exercise; mental health; indications of illness; available community resources; possibilities for work, education, and group participation; the natural processes of aging; networking; and determining with clients a variety of options as aging processes continue. With older people trained to do the immediate first-line contacts, professionals are freed to handle the more complex situations, the inter-agency referrals, and the research and information dissemination which will enhance knowledge in the field of aging.

The Senior Companion model uses older persons who are a renewable resource. The Companion learns new skills, new responsibilities, new competencies. He or she is retired to rather than from useful activity--recycling human experience rather than wasting it.

The Senior Companion model discourages feelings of dependency in favor of accenting independence in all aspects of life. It encourages independence by using all the available skills of the client population in assisting one another through a network of friends, and by giving responsibility for care and minimal supervision to the Companions. It allows for options, choices, and activities that make people feel alive and human. Feelings of apathy and powerlessness in both the young-old and old-old are diminished, with benefits in the form of improved health and longevity for all participants.

Long term care professionals should embrace the Senior Companion model and seek to duplicate it in every community. We should support increased federal and state funding for Senior Companions through the ACTION agency. Also, we need to develop more interest in the private sector in providing in kind help like office space, desks, and phones as well as funding to local Senior Companion efforts. Today there are just over 70 Senior Companion programs across the United States. Only one has substantial support from the business community. All need this kind of help. If we nurture Senior Companions, they can encourage the frail elderly to help themselves and all of us will benefit.

Call your local Senior Companion Program to start helping. If you don't have one in your community, start one. For information write: ACTION in Washington, D.C. or the Elvirita Lewis Foundation; 5905 Soquel Drive #100; Soquel, California 95073.

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May 20, 1983

Dear Joe,

Hi! I hope my greetings find you healthy and happy.

Today is graduation day. It is also a time for remembering those who have been an important part of my life — you are one of those special people. The value of my Vista experience was enhanced by your guidance. You displayed sincerity and dedication towards those less fortunate than the general population and a willingness to make a system work for people rather than support a system for its own sake. The health care delivery system is also self-serving at times and, as a vital part of that system, I am determined to make it work for and benefit people and not just administrators' pocketbooks.

Joe, I love nursing. I feel so satisfied and fulfilled helping people live and die comfortably. Physical care is only one aspect of my work. As a nurse, I am also involved in teaching, problem solving with patients and their families, assisting in psychological and social adjustments. Advocacy — that's something you are practicing every day in your role as Vista supervisor and something you taught me while I was your Vista volunteer. Patient advocate — that's what I am, that's what I'm good at, thank you Joe.

Have a pleasant day. Love and lovely things for you and your family Joe.

Sincerely,
Paula Havelick
your former vista volunteer +
vista volunteer at least forever.

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